



Alameda County Sheriff's Office
Gregory J. Ahern, Sheriff / Coroner
Coroner's Bureau, 480 4th Street, Oakland, CA
94607-3829
(510) 268-7300 / (510) 268-7333 (fax)

On 08/18/2014, the Coroner fees associated with this case were paid in full by Fouche-Hudson Funeral Home. (MLM2794)

Other Investigative Details/ Supplemental Information:

On Sunday, August 3, 2014, about 0905 hours, Deputy J. HOVDA and I (MONAGHAN) arrived at the intersection of 105th Ave and Edes Ave. We were directed to an area that appeared to be the back of a residence. There was a tall (approximately 10 foot high) gate that was open. Inside the gate was an older model black GMC pickup truck and an older travel trailer parked side by side. Jacorey CALHOUN was on the ground in between the truck and trailer. Blood was on the ground around his head and torso. I could see what appeared to be bodily tissue on the top of this head.

I spoke with Oakland Police Detective BASA who told me the following. On 08/03/2014 about 0357, an Oakland Police Officer attempted a vehicle stop on a silver convertible Volvo. The license plate came back with an associated warrant for Jacorey CAHOUN. The driver of the vehicle failed to yield and the officer lost site of the car. A short while later the vehicle was spotted again. A vehicle pursuit ensued and ultimately, the driver fled on foot at the intersection of 105th Ave and Edes Ave. The suspect (driver) jumped over a fence into a residential neighborhood. A perimeter was set and Oakland Police requested a K-9 unit from the Alameda County Sheriff's Office. Responding Deputies assisted Oakland Police Officers in a search of the area. They had just completed a search in the backyard of 10546 Acalanes Dr when the K-9 hit on the fence neighboring to 10538 Acalanes Dr. About 0550 hours, the K-9 Deputy assisted the dog over the fence. The dog had engaged the suspect prior to the Deputy getting over the fence. The Deputy was on top of a GMC pickup truck, which was parked next to the fence, when he saw the suspect reach for his waistband. The Deputy fired several shots hitting the suspect.

Oakland Police conducted a gunshot residue test on the decedent's hands before Deputy HOVDA secured paper bags on them with zip ties. We prepared the body for transportation, placed him on a gurney and secured him in the back of the Coroner van for transportation back to the Coroner's Bureau.

About 1105 hours, we arrived back at the Coroner's Bureau. I processed the body into the morgue and took intake photos of him. (MLM2794)

On 08/07/2014, CALHOUN's body was released to Ira Bradford from Fouche-Hudson Funeral Home.

On Tuesday, November 11, 2014, about 0130 hours, I (MONAGHAN) faxed a request to lift the press on this case to Oakland Police and on Thursday, November 13, 2014, Oakland Police faxed a request to lift the police hold on this case with no restrictions. (MLM2794)

Findings:

On Tuesday, November 11, 2014, about 0150 hours, I (MONAGHAN) reviewed this case for the purpose of establishing a manner of death. Based on my review the manner of death has been established as a homicide. A review of the autopsy protocol and the police investigation are all consistent with CALHOUN intentionally being shot that caused his death. (MLM2794)

Supervisor Review:

On Monday, January 5, 2015, I (Lt. Bowers) reviewed this report for closure. I concur with the content and findings. I consider this case closed. (rmb#906)

CENTRAL VALLEY
TOXICOLOGY, INC.**Case Name:**

Calhoun,

Jacorey

C.

TOXICOLOGY NUMBER: CVT-14-9895

11 ml femoral blood labeled "Calhoun, Jacorey; 2014-02233; 08/05/2014"

Specimen Description:**Delivered by** Tricor**Date** 07-Aug-14**Received by** Bill Posey**Date** 07-Aug-14**Request:** Complete Drug Screen**Agency Case #** 2014-02233**Requesting Agency**Alameda Co. Coroner's Office
Attn: Acct's Payable
480 4th Street
Oakland CA 94607**Report To**Alameda Co. Coroner's Office
Attn: Dr. Herrmann
480 4th Street
Oakland CA 94607

Specimen: Femoral Blood Sample

RESULTS

Complete Drug Screen: Cocaine and Opiates detected.

No other common acidic, neutral or basic drugs detected.

No Ethyl Alcohol detected.

Cocaine = 0.11 mg/L
Benzoylcegonine = 1.1 mg/L
Ecgonine Methyl Ester = PresentMorphine = 0.38 mg/L
Codeine = 0.02 mg/L
6MAM = Present**ENTERED**
8/12/14**Blood Cocaine Ranges**
Effective Level: (0.05 - 0.3 mg/L)
Potentially Toxic: (0.25 - 5.0 mg/L)**Blood Benzoylcegonine Ranges**
Effective Level: Non Active
Potentially Toxic: (1-10 mg/L)**Blood Morphine Ranges**
Effective Level: (0.01 - 0.12 mg/L)
Potentially Toxic: (0.15 - 0.5 mg/L)**Blood Codeine Ranges**
Effective Level: (0.01-0.25 mg/L)
Potentially Toxic: (0.3-1 mg/L)

B. L. Posey

August 15, 2014

B.L. POSEY
S.N. KIMBLE
Directors1580 Tollhouse Road
Clovis, California 93611
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Alameda County Sheriff's Office

Coroner's Bureau
480 4th Street, Oakland, CA 94607-3829



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: August 4, 2014
FROM: Paul W. Herrmann, M.D.
TO: Case File 2014-02233
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Ja'Corey Charles Calhoun at the Coroner's Bureau, 480 4th Street, Oakland, California, on August 4, 2014, at 10:00 a.m.

AUTOPSY FINDINGS

- 1) BULLET WOUND OF THE HEAD (BULLET WOUND #1) INVOLVING THE SKULL AND BRAIN (BULLET RECOVERED IN THE NECK).
- 2) BULLET WOUND OF THE LEFT UPPER CHEST (WOUND #2) INVOLVING SOFT TISSUE OF THE CHEST, WITH CONTUSIONS OF THE CHEST WALL AND LEFT UPPER LOBE OF THE LUNG, AND EXIT AT BULLET WOUND #4 ON THE LEFT SIDE OF THE CHEST.
- 3) BULLET WOUND OF THE MIDCHEST (BULLET WOUND #3) WITH CONTUSION OF THE LOWER RIBCAGE, PASSAGE THROUGH THE MUSCULATURE OF THE ABDOMINAL WALL, ENTRY INTO THE LEFT PELVIC CAVITY AND EXIT FROM THE LEFT PELVIC CAVITY RESULTING IN DESTRUCTION OF THE LEFT FEMORAL ARTERY AND VEIN (BULLET RECOVERED IN THE LEFT PUBIS).
- 4) BULLET WOUND OF THE LEFT SIDE OF THE ABDOMEN (WOUND #5) INVOLVING THE SKIN AND SOFT TISSUES OF THE LEFT FLANK WITH EXIT AT THE LEFT LATERAL HIP AT WOUND #6.
- 5) BULLET WOUND OF THE LEFT LATERAL THIGH (WOUND #7) INVOLVING SOFT TISSUES OF THE LATERAL THIGH, WITH BULLET RECOVERED IN LEFT HIP AREA.

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

- 6) BULLET WOUND OF THE LEFT ANTERIOR-LATERAL THIGH (WOUND #8) INVOLVING THE SOFT TISSUES OF THE THIGH AND THE BUTTOCK (BULLET RECOVERED IN THE BUTTOCK).
- 7) BULLET WOUND OF THE LEFT LATERAL THIGH (WOUND #9) INVOLVING THE SOFT TISSUE OF THE BUTTOCK (BULLET RECOVERED IN THE BUTTOCK).
- 8) BULLET EXIT WOUND OF THE LEFT BUTTOCK (WOUND #10) SHOWING A SLIGHTLY HEMORRHAGIC TRACK LEADING TO THE SITE WHERE THE BULLET FROM WOUND #8 WAS DISCOVERED IN THE LEFT BUTTOCK. BULLET WOUND #10 APPEARS TO BE A BULLET FRAGMENT EXIT WOUND.
- 9) BULLET WOUND OF THE RIGHT LATERAL UPPER ARM (WOUND #11) INVOLVING THE SOFT TISSUE OF THE ARM AND EXIT OF THE RIGHT UPPER ARM AT WOUND #12.
- 10) GRAZING WOUND OF THE RIGHT HAND (WOUND #13) WITH DESTRUCTION OF THE PROXIMAL PHALANX AND PROXIMAL INTERPHALANGEAL JOINT OF THE LONG FINGER (SMALL FRAGMENT OF METAL RECOVERED).
- 11) APPARENT BULLET SHRAPNEL WOUNDS ON THE LEFT FOREARM.
- 12) MULTIPLE ABRASIONS AND INCISED WOUNDS OF THE LEFT LEG, CONSISTENT WITH DOG BITES.
- 13) SUPERFICIAL ABRASIONS ON THE DORSUM OF THE RIGHT FOREARM.
- 14) ECCHYMOSIS OF THE RIGHT UPPER EYELID DUE TO THE BULLET WOUND OF THE HEAD.
- 15) ABRASION, RIGHT SIDE OF THE CHEST.

CAUSE OF DEATH: MULTIPLE BULLET WOUNDS.

cc: EMS
District Attorney
Investigative Bureau

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

EXTERNAL EXAMINATION

The body is that of a well-developed adult black male appearing consistent with the stated age of 22 years, weighing 210 pounds and measuring 74 inches. The hair is black and very short. The irides are brown. The conjunctivae show no abnormalities. The teeth are in good condition. There is a mustache and goatee present. There is no rigidity of the neck, complete rigidity of the jaw and extremities. Slight lividity is present on the back.

The body is dressed in the following items of CLOTHING:

1) A pullover blue shirt with blood and multiple bullet holes cover the shirt. Blood is present over the back of the shirt. Also, some holes are on the left side on the chest area and the left thigh.

2) A pair of HANES black shorts with a gray waistband.

3) A pair of denim trousers with a web type belt. The trousers and the belt are opened at this time and around the lower thighs. The trousers are quite torn over the left leg area and there is blood present on the left leg area. Also, there are some perforations near the belt line on the left side.

4) A pair of white socks.

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

22 5) A pair of ankle-high blue canvas type shoes, with
23 rubber soles.

24 JEWELRY

25 A SEIKO wristwatch, with a yellow-metal-colored band, is
26 present on the left wrist.

27 The hands and wrists are enclosed in paper bags. When the
28 bags are removed the fingernails of the left hand are revealed
29 to be short and dirty. The same is true of the fingernails of
30 the right hand.

31 There is the following evidence of MEDICAL TREATMENT:

32 1) An EKG pad is present on the dorsum of the left
33 forearm, another is present on the right side of the abdomen,
34 and one is present on the dorsolateral aspect of the right
35 forearm.

36 BLOOD ON THE BODY

37 Blood is present on the face in the forehead area. Blood
38 is also present on the right side of the head in the parietal
39 area of the scalp. Blood has run from the nostrils onto the
40 right side of the face and then to the right ear. A small
41 amount has run from the mouth as well.

42 A minimal amount of blood is present around a bullet wound
43 on the left upper chest.

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

44 Blood is present on the right upper arm associated with
45 several bullet wounds in the area. Blood has run down onto the
46 forearm. Blood is present over the dorsum of the entire hand.
47 There is a large gaping wound involving the right long finger,
48 with obvious fracturing of bone in its depth. A minimal amount
49 of blood is present on the palmar surface of the right hand.

50 Blood is also present on the left upper extremity, about
51 the antecubital area and the elbow. A small amount has run onto
52 the forearm. The left hand shows a minimal amount of blood
53 present on the dorsum of the long finger and the distal ring
54 finger.

55 There is a small amount of blood present on the chest
56 associated with bullet wounds in the area and a few specks of
57 blood are present on the abdomen. A small amount of blood is
58 present on the genitalia.

59 The right lower extremity does not show any blood.

60 There is some blood on the left thigh associated with
61 bullet wounds in the area. A small amount of blood is present
62 on the left leg associated with what appear to be dog bites.

63 There is some blood present over the back associated with
64 blood on the autopsy table.

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

65 TATTOOS

66 A number of tattoos are present. There is a tattoo of a
67 panther on the right upper back.

68 There is another large tattoo on the dorsum of the left
69 shoulder.

70 The right upper arm has a tattoo which says "RIP DANTON."

71 There is a tattoo on the dorsum of the left wrist. It is a
72 tattoo of some letters but I cannot read what they say.

73 There also is a large tattoo on the upper abdomen. It
74 appears to be some FLAMES associated with what appears to be
75 some script but I cannot read what it says.

76 There is the following evidence of BLUNT TRAUMA:

77 No evidence of blunt trauma is seen on the face or head.
78 There is ecchymosis of the right upper eyelid but this is
79 undoubtedly due to a bullet wound of the head.

80 No evidence of blunt trauma is seen in the neck.

81 The chest shows no blunt trauma, though there are some
82 abrasions associated with bullet wounds.

83 The abdomen shows no evidence of blunt trauma.

84 The right upper extremity shows several abrasions on the
85 dorsum of the forearm extending downwards from the elbow area.

86 There are five of these; three of them are somewhat round in

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

87 shape measuring 1/4 inch in diameter and the others are slightly
88 linear. They are grouped within an area 4 inches longitudinally
89 by 1 inch transversely. They have no distinctly recognizable
90 appearance to them. On the ulnar aspect of the forearm there is
91 also an abrasion measuring 2 inches by 1/4 inch. On the dorsum
92 of the hand there is a superficial incised wound measuring 1/2
93 inch in length by 1/8 inch in width. As previously described,
94 there is a bullet wound involving the dorsum of the right middle
95 finger.

96 The left upper extremity shows a group of punctate wounds
97 on the anterior aspect of the forearm beginning 1-1/2 inches
98 above the wrist and extending upwards for a distance of 6
99 inches. These are grouped within an area approximately 2 inches
100 in width. They range in size from 1/16 inch up to 3/8 inch.
101 There are approximately 20 of these wounds and they are
102 suggestive of shrapnel type wounds. There is no other evidence
103 of blunt trauma to the left upper extremity or the left hand.

104 The genital area shows no trauma.

105 No evidence of blunt trauma to the left thigh. The left
106 leg shows considerable trauma to the described later.

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

107 The right thigh shows no evidence of trauma. The right leg
108 shows a very superficial abrasion in the medial midportion of
109 the leg measuring 1/4 inch by 3/8 inch.

110 There is no evidence of blunt trauma to the back or
111 buttocks.

112 There are a number of depigmented scars in the pretibial
113 area of the right leg.

114 Anterolaterally above the left knee, there is a scar
115 measuring 1-1/2 inches transversely by 1/2 inch vertically.

116 A few scattered scars are on the dorsum of the left hand,
117 the largest at the base of the index finger measures 3/4 inch in
118 diameter. There are no needle puncture type scars seen over
119 accessible veins.

120 BULLET WOUNDS

121 Multiple bullet wounds are present.

122 Bullet wound #1 is located in the right parietal area of
123 the scalp. This wound is approximately 1/2 inch below the top
124 of the head. It is also located 5-1/2 inches directly above the
125 right external auditory meatus. It is 1-1/2 inches to the right
126 of the midline of the parietal aspect of the scalp. This is a
127 circular wound measuring 3/8 inch in diameter. Laceration
128 extends to the right for a distance of 3/4 inch. Posteriorly, a

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

129 laceration extends outward for 1/4 inch and a small laceration
130 extends from the anteromedial aspect of the wound. There is
131 minimal abrasion around the wound. The central perforation
132 measures approximately 1/4 inch in diameter. It has the
133 appearance of a bullet entrance wound.

134 Bullet wound #2 is located on the upper left chest medial
135 to the shoulder. It is located 13 inches below the top of the
136 head and 4-3/4 inches to the left of the midsternum. It is a
137 nearly circular wound and including an abrasion collar it
138 measures 3/4 inch in diameter with a 1/2 inch central
139 perforation. It has the characteristics of a bullet entrance
140 wound.

141 Bullet wound #3 is located on the anterior chest just to
142 the left of the midline. The right edge of this wound is at the
143 midline of the sternum. The center of bullet wound #3 is
144 located 20 inches below the top of the head. This is an
145 elongated wound. It is oblique to vertical measuring 2-1/2
146 inches in length and up to 1 inch in width. The upper edge is
147 abraded for a distance of approximately 3/4 inch while the lower
148 edge is undermined at the site of the perforation which measures
149 approximately 3/8 inch in diameter. The wound shows deep
150 grazing of the subcutaneous fat leading down to the entry wound.

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

151 Inferior to the entry portion of the wound, there are several
152 abrasions of the skin over a further distance of approximately 2
153 inches below the wound. This wound has the characteristics of a
154 bullet entrance wound.

155 Bullet wound #4 is located just below the left breast.
156 This wound is also centered 20 inches below the top of the head
157 and it is centered 5 inches to the left of the midsternum. It
158 is located 2 inches below and 1/4 inch lateral to the left
159 nipple. This is a lacerated wound measuring 3/4 inch
160 transversely by 1/2 inch vertically. The left edge is slightly
161 abraded. No abrasion is seen elsewhere. It is characteristic
162 of a bullet exit wound.

163 Bullet wound #5 is located on the left side of the abdomen
164 below the ribcage. The perforating portion of this wound is 26
165 inches below the top of the head. It is centered 6 inches to
166 the left of the midabdomen and approximately 1 inch above the
167 umbilicus. This is an elongated wound showing abrasion
168 superiorly over a distance of 1 inch with perforation inferiorly
169 measuring 1/2 inch in diameter. The abraded portion of the
170 wound measures up to 3/4 inch in width. The wound is
171 characteristic of a bullet entrance wound.

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

172 Bullet wound #6 is located on the anterolateral aspect of
173 the left thigh. This wound is 37-1/4 inches above the left
174 heel. This is an elongated wound with perforation superiorly
175 within the wound. The perforation measures 3/8 inch in diameter
176 and abrasion extends downward from the wound for a distance of
177 approximately 1-1/8 inches. Abrasions are also seen
178 circumferentially around the upper portion of the wound. At
179 autopsy this is shown to be an exit wound.

180 Bullet wound #7 is located on the anterolateral aspect of
181 the left thigh 31-1/2 inches above the left heel and it is 2-1/2
182 inches to the left of the midline of the left thigh. It is a
183 circular wound measuring 1/2 inch in diameter, with a 1/2 inch
184 perforation. There is slight abrasion around the edge of the
185 wound. It is characteristic of a bullet entrance wound.

186 Bullet wound #8 is located on the anterior aspect of the
187 left thigh. It is 28-1/2 inches above the left heel. It is a
188 circular wound and with circumferential abrasion measuring 7/8
189 inch in diameter, with a 5/8 inch central perforation. This
190 wound has the characteristics of a bullet entrance wound.

191 Bullet wound #9 is located 5/8 inch to the left of wound #8
192 on the anterolateral left thigh. This is an irregular wound
193 measuring 1 x 5/8 inch. There is slight abrasion on the right

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

194 edge and undermining at the left edge. The undermined portion
195 shows perforation measuring approximately 1/2 inch in diameter.
196 It is suggestive of a bullet entrance wound.

197 Bullet wound #10 is located on the superior aspect of the
198 left buttock. This wound is approximately 42 inches above the
199 left heel. It is also located 4 inches to the left of the upper
200 aspect of the intergluteal cleft. It is an irregular, lacerated
201 wound measuring 1/2 inch by 3/8 inch in greatest dimension. It
202 does not show any significant abrasions. It suggestive of a
203 bullet exit wound.

204 Bullet wound #11 is located on the lateral aspect of the
205 right upper arm. This wound is 14-1/2 inches below the top of
206 the head. It is also located 3-1/2 inches to the right of the
207 axillary fold. The wound is slightly elongated measuring
208 3/4-inch vertically by 1/2 inch horizontally. There is a
209 perforation inferiorly and medially measuring 3/8 inch in
210 diameter. The upper edge has been abraded to a width of
211 approximately 3/16 inch. This wound has the characteristics of
212 bullet entrance wound.

213 Bullet wound #12 is located on the anteromedial aspect of
214 the right upper arm. It is 2 inches below and 3 inches medial
215 to wound #11. It is an irregular lacerated wound measuring

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

216 3/4-inch by 1/2 inch with an irregular perforation at the
217 anterior right edge which measures approximately 3/8 inch in
218 diameter. It has the characteristics of a bullet exit wound.

219 Wound #13 is a grazing wound involving the dorsum of the
220 right middle finger. It extends from the metacarpophalangeal
221 joint for a distance of 2-1/2 inches and measures up to 1 inch
222 in width. There is extensive fracturing of the underlying bone.
223 The edges are irregular. The bone is fractured between the
224 metacarpophalangeal joint and the proximal interphalangeal
225 joint. There is no significant abrasion associated with this
226 wound and it is quite irregular in configuration. A tiny
227 fragment of white metal is embedded at the edge of the wound.
228 This tiny fragment measures 1/8 inch by 1/16 inch and lends
229 credence to this being a grazing bullet wound rather than
230 another type of a wound.

231 In addition to the bullet wounds there are numerous
232 generally parallel incised abrading wounds of the left leg which
233 extend from just above the medial knee downward for a distance
234 of approximately 10 inches. These average approximately 2
235 inches in length, though some are very small, and at least one
236 measures 4-1/2 inches in length. These are associated with
237 similar-appearing transverse, incised and abraded wounds on the

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

238 anterior aspect of the leg extending downwards from just below
239 the knee for a distance of 8-1/2 inches. Some of them measure
240 up to 4-1/2 inches in length while others are much shorter.
241 Some of them are incised incisions through the skin into the
242 subcutaneous tissue, while most of them are deep abrasions of
243 the epidermis. Associated with these is another group which
244 begins approximately 7 inches below the knee on the medial
245 aspect of the leg involving the medial gastrocnemius muscle.
246 These extend downward for a distance of approximately 3-1/4
247 inches and extend around the posterior leg up to a width of
248 approximately 4 inches. Most of these are superficial abrasions
249 but there is one deep incised wound at the inferior aspect of
250 the gastrocnemius muscle measuring 2-1/2 inches in length and
251 gaping 1/4 inch. The edges of this wound are relatively well
252 circumscribed though there is some abrasion associated with
253 them. Though I cannot rule out the possibility of a grazing
254 bullet wound, the proximity to other incised superficial wounds
255 suggests that this wound related to the other incised and
256 abraded wounds on the leg. All of these wounds are consistent
257 with bite marks from a dog.

258 There is a linear abrasion on the right side of the chest
259 in the posterior axillary line. This is 8 inches below the

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

260 right posterior axillary fold. It is oblique to horizontal with
261 the anterior end lower than the posterior end by an angle of
262 approximately 35 degrees. This abrasion measures 1 inch in
263 length by 3/8 inch in width. There is slight contusion around
264 it. There are no rounded edges. There is no deposition of
265 products of combustion. The possibility of a bullet or bullet
266 fragment graze wound cannot be ruled out, but there is nothing
267 to indicate that, that is definitely the cause of this abrasion.

268 None of the described bullet wounds show any deposition of
269 gunshot products of combustion or stippling.

270 INTERNAL EXAMINATION

271 Y-SHAPED THORACOABDOMINAL AND INTERMASTOIDAL INCISIONS are
272 made. The bullet wounds are explored.

273 Bullet wound #1 enters the head in the right parietal area
274 as previously described. The underlying skull shows a cleanly
275 punched out hole but it is divided into four pieces due to
276 radiating fractures of the skull which extend anteriorly,
277 posteriorly, superiorly and inferiorly. These comminuted
278 fractures have resulted in some separation of the fragments.
279 The fractures extend beyond the midline superiorly and
280 posteriorly they extend into the occipital area. There is no
281 deposition of products of combustion in the subcutaneous tissue

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

282 beneath the skin wound or on the surface of the skull. The
283 internal table is beveled. This bullet enters the superior
284 aspect of the right parietal occipital portion of the brain and
285 the right parietal occipital lobe is extremely soft and shows
286 extensive destruction. There is also destruction of the right
287 lobe of the cerebellum; the left lobe is intact. The bullet
288 track through the right occipital area shows extensive
289 destruction of the occipital lobe. There are contusions of the
290 left occipital lobe medially, but the bullet does not enter the
291 left cerebral hemisphere. The track proceeds directly
292 inferiorly into the occipital fossa where the bullet has exited
293 the skull with a cleanly punched out hole 1-1/8 inches above the
294 foramen magnum. It is in the midline. The external table is
295 beveled and there are extensive fractures around this hole as
296 well. The bullet track then proceeds into the soft tissues of
297 the neck and a mushroomed copper jacketed bullet is found lying
298 just inferior to the occipital protuberance in the midline
299 musculature of the neck.

300 The direction of this wound is from superior to inferior,
301 from right to left at an angle of approximately 25-30 degrees.
302 It may be slightly from anterior to posterior.

303

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

304 Bullet wound #2 enters the left upper chest. It passes
305 into the pectoralis muscle slightly contusing the anterior
306 aspect of the ribcage as it passes downward through the muscle
307 and it then exits the skin at bullet wound #4 just below the
308 left nipple. This bullet does not enter the chest cavity but
309 the underlying lung is contused along this track for a distance
310 of approximately 2-1/4 inches on the anterior surface of the
311 left upper lobe. No bullet fragments are found.

312 The direction of this wound is from superior to inferior.
313 It is from right to left at a slight angle of approximately 10-
314 15 degrees. It does not appear to be directed either anteriorly
315 or posteriorly, though it may be slightly from posterior to
316 anterior.

317 Bullet wound #3 enters the skin near the midline of the
318 chest, as previously described. This wound contuses the left
319 anterior ribcage to a slight degree right at the inferior aspect
320 of the ribcage. The sternum is intact and none of the bones are
321 fractured. It does not enter the chest. It passes downward
322 into the musculature of the abdomen. It does not enter the
323 superior abdominal cavity. It passes downward in the
324 musculature of the abdomen. It then exits the musculature and
325 passes through the peritoneum on the left side of the pelvis.

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

326 It then exits the peritoneum approximately 1 inch below that and
327 enters the left groin area where it causes destruction of the
328 femoral artery and vein. The bullet is found embedded in the
329 left pubic bone approximately 2 inches to the left of the
330 midline.

331 The direction of this wound is from superior to inferior.
332 It is from right to left at a slight angle of approximately
333 15-20 degrees and may be directed slightly posterior but this is
334 minimal.

335 Bullet wound #5 enters the skin on the left side of the
336 abdomen just inferior to the ribcage. It passes downward
337 through the skin, subcutaneous tissue and musculature of the
338 left flank area. It passes lateral to the left ilium and exits
339 the skin at bullet wound #6 in the left hip.

340 The direction of this wound is from superior to inferior,
341 slightly from right to left at an angle of approximately 15-20
342 degrees and it is directed very slightly posteriorly.

343 Bullet wound #7 enters the left thigh and passes through
344 the musculature anterior to the left femur and it comes to rest
345 in the subcutaneous tissue in the posterolateral aspect of the
346 hip where a bullet can be palpated just beneath the skin.

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

347 The direction of this wound is from anterior to posterior,
348 from inferior to superior at an angle of approximately 25-30
349 degrees and is directed minimally from right to left.

350 Bullet wounds #8 and #9 enter the anterolateral aspect of
351 the left thigh. They pass lateral and then posterior to the
352 femur. They are directed towards the left buttock. These two
353 bullet tracks are close together. They extend upwards into the
354 musculature of the posterolateral and posterior left buttock.
355 One bullet is found in the lateral-posterior aspect of the left
356 buttock beneath the surface of the skin and the other is found
357 at the medial aspect of the left buttock also beneath the skin.
358 One of these bullets is a relatively well preserved mushroomed
359 copper jacketed bullet and the other is an elongated, markedly
360 disrupted bullet with tearing of the slug as well as the jacket.
361 This appears to be the bullet of bullet track #8.

362 The direction of bullet track #8 is from inferior to
363 superior and from anterior to posterior at an angle of
364 approximately 45 degrees and it is directed from left to right
365 at an angle of approximately 30 degrees. From the track of the
366 disrupted bullet there is slight hemorrhage in the fat leading
367 further superiorly in the left buttock to the site of bullet
368 wound #10 which is an exit wound on the superior left buttock.

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

369 It appears that bullet wound #10 is the result of a fragment
370 from this bullet which exited the body while the main body of
371 the bullet remained in the buttock.

372 The bullet, at the end of what appears to be bullet track
373 #9, is a well preserved mushroomed bullet. It passes virtually
374 in the same direction, but it is found somewhat more lateral
375 than the bullet from wound #8.

376 Bullet wound #10 is a bullet fragment wound on the superior
377 aspect of the left buttock as previously described.

378 Bullet wound #11 passes through the lateral aspect of the
379 right upper arm. It passes through the arm anterior to the
380 humerus involving skin and subcutaneous tissue and exits the
381 skin at bullet wound #12.

382 The direction of this wound is right to left, superior to
383 inferior at approximately 25 degrees and it is directed very
384 minimally from posterior to anterior.

385 Bullet wound #13 has been described on the dorsum of the
386 right long finger. It shows extensive destruction of the soft
387 tissue and bone of the finger. The proximal interphalangeal
388 joint is markedly destroyed along with fracturing of the
389 proximal phalanx. Whether this wound is passing from distal to
390 proximal or proximal to distal is difficult to say. The tearing

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

391 at the edge of the wound somewhat suggests that it passes from
392 proximal to distal. No products of combustion are seen along
393 this wound.

394 As previously described, there are numerous abrasions on
395 the medial aspect of the left forearm suggestive of bullet
396 shrapnel wounds.

397 The abrasion on the right side of the chest in the
398 posterior axillary line is somewhat suggestive but not
399 diagnostic of a bullet graze wound.

400 HEAD: The bullet wound of the head and brain has been
401 described. The brain weighs 1330 grams. As previously
402 described, it is markedly disrupted due to the bullet track
403 through the head. No other abnormalities are seen though there
404 is blood in the lateral ventricles and there are a few traumatic
405 subarachnoid hemorrhages over the surface of the brain. The
406 base of the skull shows some small, linear fine fractures of the
407 right petrous pyramid. The anterior fossae show no fractures
408 but there is obvious hemorrhage beneath the right orbital plate.

409 NECK ORGANS: The anterior neck shows no evidence of
410 trauma. The laryngeal, tracheal cartilage and hyoid bone are
411 intact. The airway is patent. The thyroid gland is normal size
412 and unremarkable on cut section. Approximately 40 grams of

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Alameda County

Body of JA' COREY CHARLES CALHOUN

413 thymus is also present.

414 CHEST: As previously described, there are contusions of
415 the chest wall but the chest is not penetrated by the bullet
416 tracks. There is no free fluid in the pleural cavities. The
417 lungs fill the pleural spaces.

418 LUNGS: The left lung weighs 380 grams. The right lung
419 weighs 450 grams. The pulmonary arteries and bronchi are
420 unremarkable. The pulmonary parenchyma is well aerated. There
421 is no aspiration of blood. The area of contusion of the left
422 upper lobe is superficial extending for approximately 1/2 inch
423 in length. There is no significant edema.

424 HEART: The pericardial sac is intact. The heart weighs
425 370 grams. The coronary arteries on cut section show no
426 atherosclerosis. The right coronary artery is dominant. The
427 cardiac chambers show no abnormalities and blood is liquid in
428 the heart. The left ventricular wall measures 14-15 mm in
429 thickness, the right ventricle 2 mm. No scarring is present.
430 The foramen ovale is probe patent but well guarded. The
431 interventricular septum is normal. The descending thoracic and
432 abdominal aorta shows no abnormalities.

433 ABDOMEN: The abdominal fat is 1-1/2 inches at the
434 umbilicus. The organs are in their normal positions.

Sheriff-Coroner
Alameda County

Body of JA'COREY CHARLES CALHOUN

435 LIVER: The liver shows no abnormalities. There is no
436 contusion. The external surface is smooth and the liver weighs
437 1850 grams. The capsular surface is intact. The parenchyma is
438 mildly congested and maroon-brown in color. The gallbladder and
439 extrahepatic ducts are unremarkable.

440 SPLEEN: The spleen weighs 140 grams. The capsule is
441 smooth. The parenchyma is firm and slightly congested.

442 PANCREAS: The pancreas is of normal size and retains a
443 lobular architecture.

444 ADRENAL GLANDS: The adrenals are equal in size. The
445 cortices are thin, bright yellow. The medullae are
446 unremarkable.

447 GASTROINTESTINAL TRACT: The mucosa of the esophagus and
448 stomach is unremarkable. The stomach contains approximately
449 100 cc of soupy orange-brown fluid within which are some pieces
450 of short pasta. The duodenum and small bowel contain creamy
451 yellow chyme. The large intestine is unremarkable except that
452 there is a contusion over the descending colon just posterior to
453 the track where the bullet enters the left side of the pelvis
454 and then exits the left side of the pelvis. Contusion measures
455 approximately 3 inches in length along the bowel. The bowel is
456 not perforated. Firm fecal material is present in the

Sheriff-Coroner
Alameda County

Body of JA' COREY CHARLES CALHOUN

457 descending colon and rectum.

458 GENITOURINARY TRACT: The kidneys weigh 140 grams each.

459 The capsules strip with ease. The cortical surfaces are smooth.

460 The parenchyma shows no abnormalities. It is minimally

461 congested. The renal vessels, pelves and ureters are in their

462 normal positions. The urinary bladder contains approximately

463 30 cc of clear yellow urine. The bladder mucosa is

464 unremarkable.

465 The prostate gland is unremarkable on cut section. Testes

466 are palpated in the scrotum.

467 The thoracic and lumbar spine are unremarkable.

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469

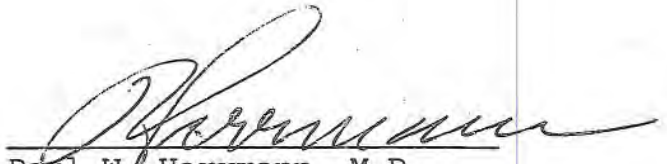
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Paul W. Herrmann, M.D.



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married and had no children. Walter said he had not been in contact with Jacorey's mother Patricia CALHOUN in "awhile". Walter said Jacorey had a sister Patrice and he would try and notify her of her brother's death. (JSH6129)

On Sunday, August 3, 2014, about 1745 hours, I (HOVDA) called a phone number provided to me by Walter C. CALHOUN for Patrice Calhoun, Jacorey's sister. Patrice told me her father had already called her and notified her of Jacorey's death. Patrice also stated Jacorey was not married and had no children. Patrice said her sister Rashunda was with her and she notified her of their brother's death. Patrice was able to confirm a description of the tattoos on Jacorey's back and arm. Patrice specifically stated Jacorey had a "demon" on his back and "RIP DAVON" on his shoulder. Patrice provided the phone number for Jacorey's mother Patricia CALHOUN. Patrice told me Patricia lives in Concord but the phone was disconnected before she could provide me with her address. I attempted to call Patricia and notify her of her son's death but met with negative results. Attempts to notify Patricia's husband Dwayne HINES by telephone were also met with negative results. (JSH6129)

Other Agency Reports:

Oakland Police report # 2014-02233, written by Officer UGARTE
 Alameda County Sheriff's Office report # 14-013692. (MLM2794)

I reviewed a copy of Oakland's Police report. On 08/03/2014, about 0356 hours, Officers responded to 50th Ave and International Blvd to attempt a vehicle stop believed to be armed with a firearm. The vehicle fled and was later located in the 10500 block of Edes Ave, abandoned by the driver and only occupant. A perimeter was established and a Designated Arrest Team was formed, comprised of an ACSO K-9 officer, 2 ACSO deputies, and 9 OPD officers. The suspect was located in the rear of 10456 Acalanes Dr and a Deputy discharged his pistol. A copy of the report was added to the case file.

I reviewed a copy of the Alameda County Sheriff's Office report. On 08/03/2014, about 0418 hours, Oakland Police requested the assistance of a canine to search for a home invasion robbery suspect who was believed to be armed. During the search, the canine became engaged with CALHOUN and a Deputy withdrew his firearm and fired multiple rounds CALHOUN striking him several times. A copy of the report was added to the case file. (MLM2794)

Property and Evidence:

Coroner receipt # 34899 was issued for the body and evidence. (MLM2794)

On 08/07/2014, Sheriff Technician L. BENDER released all evidence to Officer B. CHRISTENSEN. (MLM2794)

Coroners Fees:

Coroner fees of \$321 (body removal and body preparation) apply to this case. Jacorey CALHOUN fled from Oakland Police and was attempting to hide from officers when he died. (MLM2794)

On Sunday, August 3, 2014, about 1700 hours, I (HOVDA) called Walter C. CALHOUN and explained the Coroner's Bureau involvement and fees associated in this case. (JSH6129)



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At the scene I (MONAGHAN) used the mobile blue check identification devise to capture CALHOUN's thumb prints. I attempted to connect the device to a patrol vehicle and was unable to connect.

About 1110 hours, I connected the blue check device at the Coroner's Bureau and received a "no hit" response.

CAL PHOTO described CALHOUN as having a tattoo "RIP DAVON" but did not specify the location on the body. I compared the decedent to CALHOUN's photo and it appeared to be the same person. I made a tentative identification that the decedent was Jacorey CALHOUN. A copy of the photo was added to the case file. (MLM2794)

On August 5, 2014, I (GOGNA) received a letter from the Alameda County Central Identification Bureau (CIB) confirming that the fingerprints taken from the decedent was associated with Person File Number: BGY234 with the name Jacorey Charles CALHOUN. (AG#1303)

Next of Kin Investigation:

An Accurant report for Jacorey CALHOUN revealed that he had an address at 2890 Treat Blvd # 58, Concord. The report also listed a relative of Patricia CALHOUN, who lived at 5401 MacArthur blvd.

About 1230 hours, I (MONAGHAN) spoke with Oakland Police detective TREVINO and informed him of the address on MacArthur blvd. TREVINO informed me they would send a unit to the address and attempt to notify family of the death.

About 1510 hours, I spoke with Oakland Police Detective TRAN, who told me they had just returned from the address on MacArthur blvd. The residence appeared to be unoccupied; there were cobwebs and overgrown foliage around the property. There was no response at the residence.

About 1522 hours, I called Concord Police Dispatch and requested a death notification at the Treat blvd address.

About 1534 hours, I received a telephone call from Concord Police Sergeant ROSS, who told me that he was not comfortable attempting a notification on an officer involved shooting death. I explained to Sergeant ROSS he didn't need to disclose the circumstances of the death but only notify family of the death and have them contact our office for further information. Sergeant ROSS again told me he was not comfortable and was not going to send a unit to the address. (MLM2794)

On Sunday, August 3, 2014, about 1600 hours, I (HOVDA) called the Contra Costa Coroner's Bureau and spoke to Coroner's Investigator S. SCOTT. I requested Coroner Investigator S. SCOTT go to an address at 2890 Treat Blvd. Unit 58, in Concord in an effort to locate next of kin for CALHOUN. Coroner Investigator S. SCOTT told me there was not enough adequate staffing at the Contra Costa County Coroner's Bureau for him to attempt a notification on this date. (JSH6129)

On Sunday, August 3, 2014, about 1700 hours, I (HOVDA) called a possible relative listed in a complete Accurant report of CALHOUN. I called and spoke to Walter C. CALHOUN. Walter told me the following: Walter stated he was the father of Jacorey Charles CALHOUN. Walter said Jacorey was not



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Investigator Narrative

Decedent: CALHOUN, Jacorey Charles
Case Number: 2014-02233
Investigator: Mandy Monaghan

First Call Information:

On Sunday, August 03, 2014, about 0805 hours, I (MONAGHAN) received a telephone call from Oakland Police Lieutenant FLEMING, who was reporting the death of an unidentified male. Lieutenant FLEMING informed me that Oakland Police had requested a K-9 from the Alameda County Sheriff's Office to assist in a search for a wanted suspect. Upon searching a residential area the Deputy came upon the suspect and fired at him, killing the suspect. Lieutenant FLEMING told me the incident occurred at 105th Ave and Edes Ave. No other information was available at that time. Lieutenant FLEMING told me that investigating officers were ready for the Coroner to respond to the scene.

About 0810 hours, I called the Oakland Police Patrol desk in attempt to obtain further information. I spoke with Officer H. SCHMITT, who told me the incident began about 0357 hours when an Oakland Police officer attempted a vehicle stop. The vehicle was associated with a robbery warrant. After a vehicle pursuit, the driver fled on foot. Officers established a perimeter and requested an Alameda County Sheriff's Office K-9 unit for assistance in searching for the suspect. Upon searching the area, the K-9 Deputy came upon the suspect and ultimately shot him. Officer SCHMITT told me the incident occurred at Acalanes Dr and 105th Ave. No other information was available at that time. (MLM2794)

Medical Summary:

About 0557 hours, Paramedics Plus assessed Jacorey CALHOUN; he was not breathing and did not have a pulse. EKG pads were attached and death was determined at 0558 hours.

CALHOUN had what appeared to be puncture wounds on the lower portion of this left leg. The wounds appeared to have been caused by the K-9. CALHOUN also had several apparent gunshot wounds; one on the top of this head, the middle finger on his right hand, right shoulder, and center of his chest. (MLM2794)

Description of the Death/ Injury Scene:

Jacorey CALHOUN was shot to the rear of 10538 Acalanes Dr. Oakland. CALHOUN was in between a GMC pickup truck and a travel trailer. According to Oakland Police there was no known correlation between the resident at that address and CALHOUN. (MLM2794)

Body Identification:

Oakland Police tentatively identified the decedent as Jacorey CALHOUN. On 08/03/2014, about 0357, Oakland Police attempted a vehicle stop on a convertible silver Volvo. The license plate came back to associated warrant for Jacorey CALHOUN.

CALHOUN had several tattoos, including "RIP DAVON" on his right shoulder, a woman's face with 2 handguns on the left side of his upper back and a four-legged animal on the right side of his upper back.

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Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) CALHOUN, Jacorey Charles				TENTATIVE ID <input type="checkbox"/>	UNIDENTIFIED <input type="checkbox"/>	CASE NUMBER 2014-02233
	REPORTED BY H SCHMITT		REPORTED BY PHONE NO. (510) 238-3455		REPORTING AGENCY Oakland Police Department		REFERENCE NUMBER 14-039091
	INVESTIGATOR Mandy Monaghan		CALL DATE AND TIME 8/3/2014 8:10		CASE TYPE Removal Case		
DECEDENT	DATE AND TIME OF DEATH 8/3/2014 5:51		DATE OF BIRTH 8/12/1990	AGE 23 Years	GENDER Male	RACE African-American	MARITAL STATUS Never Married
	HGT 74	WGT 210	EYE COLOR Brown	HAIR COLOR Black	OCCUPATION Landscaper	EMPLOYER	VET? <input type="checkbox"/>
	Preliminary Summary Deputy involved shooting death of 23 year old Jacorey CALHOUN in Oakland. A K-9 Deputy responded to the area of 105th Ave and Edes Ave to assist Oakland Police in searching for a wanted suspect. During the search the K-9 became engaged with the suspect. The Deputy saw him reach for his waistband and as a result fired several shots. CALHOUN was shot several times. Paramedics plus responded and determined death.						
DEATH	LOCATION OF DEATH						LOD TYPE Other
	ADDRESS (STREET, CITY, STATE, ZIP) Rear of 10538 Acalanes Dr Oakland CA 94603						COUNTY Alameda
	Manner Homicide			Death Certificate Signed By:			
	Cause A Multiple bullet wounds						Interval Minutes
	Cause B						Interval
	Cause C						Interval
	Cause D						Interval
Other Significant Conditions							
NOTIFICATION	LEGAL NEXT OF KIN Patricia Calhoun HIVES			RELATIONSHIP Mother		TELEPHONE NO. (510) 921-2738	
	NOTIFIED BY			METHOD		DATE AND TIME	
	IDENTIFICATION METHOD Finger Prints			DATE AND TIME 8/5/2014 7:44			
INCIDENT	LOCATION OF INCIDENT Backyard of residence						AT WORK <input type="checkbox"/>
	ADDRESS (STREET, CITY, STATE, ZIP) Rear of 10538 Acalanes Dr, Oakland Oakland CA 94603						COUNTY Alameda
	INVESTIGATING AGENCY Oakland Police Department						INV AGENCY PHONE NUMBER BASA
	DATE AND TIME OF INCIDENT 8/3/2014 5:50						
DISP	FUNERAL HOME Fouche-Hudson Funeral Home				BODY RELEASED TO FUNERAL HOME ON 8/7/2014 14:00		
	Full Autopsy <input checked="" type="checkbox"/> Partial Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Record Review <input type="checkbox"/> Inspection w/Specimen <input type="checkbox"/>				EXAM BY Paul W. Herrmann		

Date Printed Monday, January 05, 2015